(AGENCY NAME), INC.
(Address)
(City), (State) (Zip Code)

MUTUAL AID AGREEMENT

The following is an Emergency Medical Services (EMS) Mutual Aid Agreement between (aiding agency's name) and (agency requiring aid):

1. Services to be rendered by (aiding agency) to (agency requiring aid) will include but are not limited to the following:

    a. Provide EMS services in portions of (agency requiring aid) 's service area if (agency requiring aid) is not available. Service area of mutual aid to be defined.

    b. Provide an Advanced Life Support (ALS) unit (if available) for dual response to ALS calls, auto accidents and events with multiple patients in the above area.

    c. Co-respond with unit carrying extrication equipment whenever needed. Example: Auto accidents.

2. (Aiding agency) agrees to provide the following:

    a. An ambulance as needed and available.

It is understood that all services agreed upon are dependent upon the availability of proper equipment and personnel.

This agreement will remain in effect from the date of signature by both agencies until modified by mutual actions or revoked by the action of either agency.

(signature)	**(signature)**
(Name, Title, Agency)	(Name, Title, Agency)
Date	**Date**